

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

OFFICE OF COMMUNITY DEVELOPMENT

Homeless Facilities Grant Application

Name:		
Address:		
City:	State:	Zip:
COUNTY:	MSHDA Region:	MSHDA Organization #:
Federal Employer ID: 501(c)(3) Status <input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact Person:		
Title:	Phone:	Fax
Total Amount Requested:		

General Information

This application form is used to request funds for the acquisition, new construction or rehabilitation of a facility to house or assist homeless persons. **The maximum grant amount available through this application process is generally not more than \$50,000, with dollar-for-dollar leveraging of project-specific costs required.** MSHDA will accept these applications throughout the calendar year.

General Instructions:

1. Complete all applicable parts of the application. Questions left unanswered or attachments not submitted require an explanation.
2. Only typed applications will be accepted. Submit a signed original and two copies. Retain a complete copy of the submitted application for your records.
3. Costs incurred in the preparation of this application are not reimbursable.
4. Submit applications to:

Michigan State Housing Development Authority
Office of Community Development
735 East Michigan Avenue, PO Box 30044
Lansing, MI 48909

Eligible Applicants: The applicant must be a public or private non-profit organization with at least one full year's history of serving homeless populations. The target population must meet HUD's definition of homelessness.

The applicant agency must be actively participating in their community-wide Continuum of Care (CoC), and the CoC must affirmatively indicate support for this project.

Check all applicable boxes:

- ☐ The applicant agency is a 501(c)(3) non-profit organization that fulfills the above-stated requirements.
- ☐ The applicant agency is a public non-profit organization that fulfills the above-stated requirements.
- ☐ The applicant has at least one full year's history of serving the homeless population.
- ☐ Benefits of the proposed program will be targeted to households that qualify as homeless in accord with established HUD homeless program definitions and guidelines.
- ☐ The applicant is actively participating in a community-wide Continuum of Care (CoC) planning body, and evidence of support by the CoC is attached to this application.

Eligible Projects: All properties assisted with MSHDA Homeless Facilities Grant funds must conform to one of the following. Please check the category that best applies:

- ☐ Facilities providing emergency shelter and/or directly related supportive services for persons who qualify as homeless in accord with established HUD homeless program definitions and guidelines.
- ☐ Facilities providing transitional housing and/or directly related supportive services for persons who qualify as homeless in accord with established HUD homeless program definitions and guidelines.
- ☐ Facilities providing permanent supportive housing for persons who qualify as homeless in accord with established HUD homeless program definitions and guidelines.

Project Narrative:

Briefly describe the homeless population targeted by this proposal:

Briefly describe the your organization's history of serving the targeted homeless population(s):

Briefly describe the nature of the project – i.e. renovation/repair, expansion, replacement, acquisition, new construction. Be sure to include a **general description** of the **entire project** (not just the portion that MSHDA funds will be used for) and the **rationale** for your funding request (why the project is needed at this time – both for your agency and your community):

Provide a timeline for project implementation. Indicate key milestones/timeframes projected for project completion.

10-Year Site Control and Use Commitment: Any facility benefiting from Homeless Facilities Grant funding must be owned by the applicant, or must be leased to the applicant for a period of at least 10 years. The applicant must be able to document a 10-year commitment to the use of the facilities for the purposes identified. Check the appropriate boxes below:

- ☐ The facility is owned by the applicant.
- ☐ The facility is leased by the applicant for a period at least 10 years from the date of application, and appropriate documentation is attached.
- ☐ The facility will continue to be used for this purpose for a period of 10 years from the date of grant award.

Rehabilitation Standard: All residential facilities assisted must meet one of the following standards upon project completion. Check the appropriate boxes.

- ☐ MSHDA's Basic Standards for Emergency Shelter and Transitional Housing; AND
- ☐ Local codes, ordinances and standards will apply, OR
- ☐ No local code is in force in all or part of the service area. As a result, completed units will meet (check one):
 - ☐ National Building Code (BOCA)
 - ☐ Council of American Building Officials One to Two Family Code (CABO)
 - ☐ FHA Minimum Property Standards (see 24 CFR 200.925 or 200.926)
 - ☐ Section 8 Housing Quality Standards (HQS)

Eligible Project Costs: The actual costs of acquiring, constructing, or rehabilitating properties used to provide shelter, transitional housing, permanent supportive housing or related support services are eligible. Check all that apply for your project:

- ☐ Costs for acquisition of property or facilities to be used for homeless shelter, housing or services;
- ☐ Costs for new facilities construction;
- ☐ Improvements to increase the use of facilities for homeless programs or services;
- ☐ Costs to meet applicable rehabilitation standards, above;
- ☐ Energy-related repairs or major systems improvements (e.g., electrical, HVAC, roofing);
- ☐ Improvements necessary for persons with disabilities;
- ☐ Abatement of lead-based paint hazards;
- ☐ Modest landscaping (seed/sod, mulch, trees/shrubs, perennials);
- ☐ Other (please identify):

Costs and Specifications: Specifications and/or drawings, with cost estimates, must be included in your application. These must be sufficient to allow MSHDA to understand the scope of the work proposed and to assess cost-reasonableness. If the information submitted is not sufficient to convey the scope of work proposed, consideration of this application will be delayed and/or funding may be denied. Check the appropriate boxes.

- ☐ Specifications and/or drawings are attached.
- ☐ Cost estimates and/or bids are attached.

Eligible Soft Costs: MSHDA will allow for payment of project “soft costs” (e.g. professional fees, architectural and engineering fees, finance-related expenses, taxes, etc.) as long as they are both reasonable and necessary. Please check which of the following applies:

- ☐ The applicant is seeking support toward “soft costs” and will comply with MSHDA’s requirement that project soft costs are reasonable and necessary.
- ☐ No reimbursement for “soft costs” is requested.

Required Leverage: MSHDA requires that additional funds for this project will be leveraged in an amount at least equal to 100% of grant funds (i.e. dollar-for-dollar match). “In-kind” expenses directly related to the project may be used to fulfill this requirement. The applicant plans to meet this leverage requirement from the following sources (check all that apply):

- ☐ Other local, state, or federal project funds;
- ☐ Foundation, philanthropic, or other private donor funds;

- ☐ Cash contributions from project sponsor/applicant;
- ☐ Project-related volunteer services (valued at \$10/hour);
- ☐ Other project-related in-kind technical or professional services (valued at market rate);
- ☐ Value of goods and materials donated to the project (valued at market ate);
- ☐ Other:

Please complete the chart below to give MSHDA an overview of the estimated budget for this project. Include costs for the entire project budget, and not just those pertaining to MSHDA's contribution:

Total Project Cost: \$ _____

Total of MSHDA Funds Requested \$ _____

Description of Project Costs	MSHDA Funds Requested	Leveraged Funds Provided	Source of Leveraged Funds
TOTAL			N/A

Lien Terms:

- ☐ The applicant understands that if the property is owned by the applicant agency, MSHDA will place a lien against the property for the amount of the assistance awarded. This lien will extend for a period of 10 years following the effective date of the grant award.
- ☐ The applicant understands that if the property benefiting from Homeless Facilities Grant funds is leased, a mortgage between MSHDA and the owner of the property must be executed. This lien will extend for a period of 10 years following the effective date of the grant award.

Relocation Costs: MSHDA does not permit permanent displacement of rental tenants. Funds granted under this category may not be used to address temporary relocation costs.

- ☐ No permanent displacement or relocation will result from proposed program activities. If permanent displacement would result from a project, the project will not be undertaken. Any costs spent on such a project will be repaid to MSHDA. The grantee understands that *temporary* relocation costs as set forth in the Uniform Relocation Act and Section 1204 (d) of Housing and Community Development Act of 1974 may not be paid from grant funds as part of the rehabilitation costs (See Policy Bulletin #24).

Strategy for Providing Appropriate Supportive Services (Only NEW or EXPANDED projects must respond to this section): Although the cost of supportive services is not an eligible expense under MSHDA's Homeless Facilities Grant program, it is expected that appropriate services will be provided to the consumers residing or being served in the facilities for which funds are being requested. If MSHDA Homeless Facilities Grant funds will be used to create a **new** facility, or to **expand the capacity** of an existing facility, **please describe the strategy** for providing appropriate services to the new or additional clients your agency plans to serve. (Response to this question is not necessary for requests for rehabilitation/repair of existing facilities not resulting in expansion of numbers of persons served.):

Resources Available for Facilities Operations: Although operating costs are not an eligible expense under MSHDA's Homeless Facilities Grants program, funds must be available to support the on-going operation of the facility assisted. For Permanent Supportive Housing projects, use the attached Pro-Forma to show your operating budget for the 10-year commitment period.

- ☐ A copy of the annual operating budget for our program is attached (for shelter, transitional housing, or services)
- ☐ A copy of MSHDA's Operating Pro-Forma is attached (for PSH projects)

Certification of Local Approval (for NEW site)

- ☐ A *Certification of Local Approval* for our new facility is attached.

Compliance Issues:

- ☐ A *Certification of Administrative Compliance* is attached.

Homeless Assistance vs. Rental Development: Transitional Housing and Permanent Supportive Housing projects *may also apply for MSHDA funding through our Housing Resource Fund--Rental Development Component*. This component may provide **up to \$40,000/unit for 1-11 units in eligible projects**. (The maximum of 11 units does not apply for larger projects that have received an award letter from HUD under the Supportive Housing Program.)

List of Attachments to be Submitted:

- ☐ Evidence of Support from Continuum of Care Planning Body
- ☐ Evidence of 10-Year Commitment (if using leased property)
- ☐ Certification of Basic Standards for Emergency Shelter & Transitional Housing Programs
- ☐ Specifications and/or Drawings for Project
- ☐ Cost Estimates and/or Bids
- ☐ Copy of Operating Budget for Facility (for Shelter, TH, and services only)
- ☐ Pro-Forma for Rental Development (for Permanent Supportive Housing, only)
- ☐ Certification of Local Approval
- ☐ Certification of Administrative Compliance
- ☐ Organizational Documentation Update Form (and relevant attachments)

Certification

I certify that our local program funded pursuant to this application will be implemented in accordance with the representations made herein, and local program descriptions, guidelines, and other material presenting the program to the public in the service area will conform to the elements indicated above.

Signature of Authorized Official: _____ Date: _____

Typed or Printed Name of Authorized Official: _____

Title of Authorized Official: _____

ATTACHMENT A

CERTIFICATION OF BASIC STANDARDS FOR EMERGENCY HOMELESS SHELTERS and TRANSITIONAL HOUSING PROGRAMS

The following checklist outlines the minimum requirements for shelters or transitional housing programs requesting Emergency Shelter Grant (ESG) funds through MSHDA. If you answer "no" to any of these questions, please add a brief narrative explanation at the end of Attachment II-B.

Yes **No**

A. GENERAL

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | The agency assures non-discrimination on the basis of race, color, religion, gender, national origin, age of children or family size, disability, except where limited by the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Client records are secured in a locked area or locked filing cabinet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | There are written policies for intake procedures and criteria for shelter admission. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Alcohol, drugs, and weapons are prohibited in and around the premises. Persons who refuse to relinquish any of these are refused admittance to the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Clients are allowed to use the shelter as a legal residence for the purpose of voter registration and the receipt of public benefits. |

B. PERSONNEL

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | There is adequate on-site staff coverage during all hours the shelter is open. (During awake hours, there should be 1 staff person to 30 residents for an adults-only facility, and 1 staff person to 20 residents for a facility housing children.) |
| | | 2. | All shelter staff, including volunteers, have received, at a minimum, training and orientation regarding: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Fire and emergency evacuation procedures for the facility; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Emergency procedures for medical, psychiatric, or other crisis situations; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Special needs of homeless persons; |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Client confidentiality requirements; |
| <input type="checkbox"/> | <input type="checkbox"/> | e. | Appropriate chains of authority or command within the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | There is a written position description for each type of position which includes, at a minimum, job responsibilities, qualifications and salary range. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | There are written personnel policies in affect which also include a <i>Code of Ethics</i> for all shelter personnel. |

Yes No

C. FACILITY

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | The agency complies with all state and local zoning, health, safety, and fire codes and regulations that apply to the safe operation of the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Cooking or heating appliances in any room used for sleeping are prohibited. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The physical plant, premises and equipment, are maintained in a clean and sanitary condition, free of hazards and in good repair. Corrections are made within 30 days of notification of a problem. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | A bed or crib is provided for each guest except in extenuating overflow conditions. Provisions for clean linen for each tenant are made. Procedures to provide for the sanitizing of all linens and sleeping surfaces are in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Sufficient showers/baths, washbasins and toilets are provided for personal hygiene and are in proper operating condition. Towels, soap and toilet tissue are available to each client. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | There is a fire safety plan which includes at least the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | A posted evacuation plan; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Fire drills, conducted as least quarterly; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Operating fire detection systems which are tested at least quarterly; |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Battery operated alarms which are functional at all times; and |
| <input type="checkbox"/> | <input type="checkbox"/> | e. | Adequate fire exits. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Provisions have been made for the following services: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Pest control services; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Removal of garbage from interior premises; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Properly functioning ventilation and heating systems; and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Heat, electricity and water 24-hours a day. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Entrances, exits, steps, and walkways are kept clear of garbage, debris, and other hazards such as ice and snow. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Adequate natural or artificial illumination is provided to permit normal indoor activities and to support the health and safety of occupants. |

Yes **No**

D. FOOD SERVICES (For shelters providing prepared meals for residents)

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Adequate provisions for the sanitary storage and preparation of food are maintained. Meals are nutritionally balanced, if provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Requirements of a licensed food service establishment under Public Health Code MCL 333.12901 et. seq. are met. |

E. HEALTH

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | First aid equipment and emergency medical supplies are available at all times. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Staff have access to a telephone while on duty. Emergency telephone numbers are posted conspicuously near the telephone. |

F. OPERATIONS

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Daily attendance logs are maintained and include, at a minimum, the name, age, sex, social security number (if known by the client) and signature of each person residing in the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Residents are furnished information about available services in the community. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The shelter holds money or food stamps, if requested, by residents and maintains adequate records of such. The money and food stamps must be available to the residents on request without unreasonable delay. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | The following are posted and distributed to residents in appropriate language: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Rules of the shelter; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Shelter residents' rights and responsibilities; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | A list of standards for conditions in shelters; and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | The shelter's internal grievance procedures. |

My signature below certifies that our emergency shelter and/or transitional housing facilities meet all of the applicable Basic Standards enumerated in this checklist.

Executive Director

Date

ATTACHMENT B

Michigan State Housing Development Authority Certification of Local Approval for Non-Profit Organizations

I, _____, (name of the *highest elected official*) duly authorized to
act on behalf of the _____ (name of the jurisdiction)
hereby approve the attached proposal submitted to the Michigan State Housing Development Authority by
_____(name of non-profit) which is located in
_____(name of jurisdiction).

Brief Project Description (optional):

By: _____
Name

Title

Signature

Date

This form should be signed by the highest elected official of the jurisdiction in which the funded homeless program facility is located. For agencies that are providing services in multiple jurisdictions, only one signature from the highest elected official of the area in which the agency's primary office is situated will be required.

ATTACHMENT C

ADMINISTRATIVE COMPLIANCE STANDARDS

Instructions: The administrative guidelines enumerated below will be incorporated in the grant agreement executed pursuant to this application. Failure to adhere to these guidelines may result in findings, disallowed costs, and/or withdrawal of funding. Please review the requirements listed below and certify your acceptance by signing at bottom. If you do not fully understand any of these provisions, contact your CD Specialist.

Fair Housing

- ☐ The applicant will maintain and continuously update a listing of Fair Housing Resources.
- ☐ The applicant will use the fair housing logo on all materials relating to their housing programs distributed to the general public.
- ☐ The applicant will appoint a specific individual (staff person or contractor, identified below) as the agency's fair housing contact person. This contact person will be available during normal business hours:

Name: _____

Phone: _____

- ☐ The fair housing contact person indicated above will maintain a running log to record fair housing issues, complaints, and distribution of fair housing materials according to the MSHDA Office of Community Development (OCD) Policy Bulletin #22.
- ☐ The fair housing contact person indicated above will respond to all fair housing issues and/or complaints, in accord with the MSHDA OCD Policy Bulletin #22.
- ☐ The applicant will conduct business and provide emergency housing from a barrier-free facility, or make a reasonable accommodation for persons with impaired mobility.

Assurance of Equal Access to Program Benefits

- ☐ The applicant will assure equal access to program benefits through effective outreach and assessment.

Assurance of Fair Selection of Participating Households

- ☐ The applicant will assure that all eligible households will have fair and equal access to services and opportunities provided by the program.

Lead-Based Paint Requirements

- ☐ The grantee is aware of and will abide by lead-based paint requirements that are applicable to Emergency Shelter Grant funding, as specified in MSHDA OCD Policy Bulletin #28.

Audit (Check all that apply)

- ☐ The grantee is a **local government or nonprofit** expected to expend **more than \$300,000 annually in combined federal funds** during the fiscal years covered by the grant, and will have an audit conducted by an eligible CPA firm or local government audit organization in accordance with OMB Circular A-133 pursuant to the Single Audit Act Amendments of 1996.
- ☐ The grantee is a local government or nonprofit expected to expend **less than \$300,000 annually in combined federal funds** and is exempt from federal audit requirements for the fiscal years included in the grant period.
- ☐ Records will be available for review or audit by appropriate officials of HUD, MSHDA, and/or the General Accounting Office (GAO).
- ☐ The applicant recognizes that this provision does not limit the authority of federal agencies or MSHDA to conduct or arrange for an audit (e.g., financial audit, performance audit, evaluation, inspection, or review).
- ☐ The grantee understands that costs of audits are allowable provided (a) if the grantee is subject to single audit requirements the audits are performed in accordance with the Single Audit Act as implemented by OMB Circular A-133, and (b) the percentage of costs charged to grant awards shall not exceed the percentage derived by dividing grant funds expended by total funds expended. (This percentage may be exceeded only if appropriate documentation demonstrates higher actual costs.)

Certification

I certify that our program funded pursuant to this application will be implemented in accordance with the representations made herein, and that program descriptions, guidelines, and other material presenting this program to the public in the service area will conform to the elements indicated above.

Signature of Authorized Official

Date

Typed/Printed Name of Authorized Official

Title

ATTACHMENT D

ORGANIZATIONAL DOCUMENTATION (REQUIRED ATTACHMENTS)

Include ONE copy of each document with original submission, only. If current document is already on file in the Office of Community Development, please do not replicate. Check boxes and attach documents as appropriate.

	<u>Document Attached</u>	<u>Document Previously Submitted Still Current</u>
1. Most Recent IRS-990 (Corporate Tax Return)	<input type="checkbox"/>	N/A
2. Current Fiscal Year Operating Budget	<input type="checkbox"/>	N/A
3. Certificate of Good Standing (dated within last 12 months)	<input type="checkbox"/>	N/A
4. IRS - 501(c)3 Designation	<input type="checkbox"/>	<input type="checkbox"/>
5. Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
6. Organizational Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
7. List of Board of Directors & Officers	<input type="checkbox"/>	<input type="checkbox"/>
8. Current Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>
9. Most recent available Fiscal Year Audit	<input type="checkbox"/>	N/A